

<i>SERFF Tracking Number:</i>	<i>DLSN-125551157</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Delos Insurance Company (FKA Sirius America Insurance Company)</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>DE-CWL-AR-08-1RA</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>CW GL</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: Delos Insurance Company (FKA Sirius America Insurance Company)		
Product Name: CW GL	SERFF Tr Num: DLSN-125551157	State: Arkansas
TOI: 17.2 Other Liability - Occurrence Only	SERFF Status: Closed	State Tr Num: EFT \$100
Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: DE-CWL-AR-08-1RA	State Status: Fees verified and received	
Filing Type: Rate	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts
	Authors: David Gartland, Eneildaliz Noboa	Disposition Date: 06/25/2008
	Date Submitted: 06/20/2008	Disposition Status: Exempt from Review
Effective Date Requested (New): On Approval		Effective Date (New):
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal):
State Filing Description:		

## General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 06/25/2008	
State Status Changed: 06/25/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

Delos Insurance Company has authorized ISO to file their Commercial General Liability forms & rules on our behalf in this state. At this time we are adopting the latest ISO Loss Cost along with our 1.60 Loss Cost Multiplier (LCM).

SERFF Tracking Number: DLSN-125551157 State: Arkansas

Filing Company: Delos Insurance Company (FKA Sirius America Insurance Company) State Tracking Number: EFT \$100

Company Tracking Number: DE-CWL-AR-08-IRA

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: CW GL

Project Name/Number: /

## Company and Contact

### Filing Contact Information

David Gartland, Vice President dgartland@delosinsurance.com  
 120 West 45th Street (212) 702-3712 [Phone]  
 New York, NY 08852 (212) 302-9279[FAX]

### Filing Company Information

Delos Insurance Company (FKA Sirius America CoCode: 35408 State of Domicile: Delaware  
 Insurance Company)  
 120 West 45th Street Group Code: 4381 Company Type: Property & Casualty  
 New York, NY 08852 Group Name: Lightyear Delos State ID Number:  
 (212) 702-3712 ext. [Phone] Group  
 FEIN Number: 13-2930697  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation: \$100 for each rate filing  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Delos Insurance Company (FKA Sirius America Insurance Company)	\$100.00	06/20/2008	21012900

SERFF Tracking Number: DLSN-125551157 State: Arkansas  
Filing Company: Delos Insurance Company (FKA Sirius America Insurance Company) State Tracking Number: EFT \$100  
Company Tracking Number: DE-CWL-AR-08-IRA  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
Product Name: CW GL  
Project Name/Number: /

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Exempt from Review	Edith Roberts	06/25/2008	06/25/2008

*SERFF Tracking Number:*      *DLSN-125551157*      *State:*      *Arkansas*  
*Filing Company:*      *Delos Insurance Company (FKA Sirius America Insurance Company)*      *State Tracking Number:*      *EFT \$100*  
*Company Tracking Number:*      *DE-CWL-AR-08-IRA*  
*TOI:*      *17.2 Other Liability - Occurrence Only*      *Sub-TOI:*      *17.2001 Commercial General Liability*  
*Product Name:*      *CW GL*  
*Project Name/Number:*      */*

## **Disposition**

Disposition Date: 06/25/2008

Effective Date (New):

Effective Date (Renewal):

Status: Exempt from Review

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *DLSN-125551157* State: *Arkansas*  
 Filing Company: *Delos Insurance Company (FKA Sirius America Insurance Company)* State Tracking Number: *EFT \$100*  
 Company Tracking Number: *DE-CWL-AR-08-IRA*  
 TOI: *17.2 Other Liability - Occurrence Only* Sub-TOI: *17.2001 Commercial General Liability*  
 Product Name: *CW GL*  
 Project Name/Number: */*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Form UT	Accepted for Informational Purposes	Yes
Supporting Document	Form RF-1	Accepted for Informational Purposes	Yes
Supporting Document	Form RF-2	Accepted for Informational Purposes	Yes
Supporting Document	Form PC RRFS	Accepted for Informational Purposes	Yes
Supporting Document	Actuarial Support	Accepted for Informational Purposes	Yes
Rate	ISO Basic Limits GL Class Codes	Accepted for Informational Purposes	Yes
Rate	Owners Contractors Protective Liability	Accepted for Informational Purposes	Yes

SERFF Tracking Number:	DLSN-125551157	State:	Arkansas
Filing Company:	Delos Insurance Company (FKA Sirius America Insurance Company)	State Tracking Number:	EFT \$100
Company Tracking Number:	DE-CWL-AR-08-IRA		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	CW GL		
Project Name/Number:	/		

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: DLSN-125551157 State: Arkansas

Filing Company: Delos Insurance Company (FKA Sirius America Insurance Company) State Tracking Number: EFT \$100

Company Tracking Number: DE-CWL-AR-08-IRA

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: CW GL

Project Name/Number: /

## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Accepted for Informational Purposes	ISO Basic Limits GL Class Codes	GL-2007-BGL1	New	
Accepted for Informational Purposes	Owners Contractors Protective Liability	GL-2002-BGL1	New	

SERFF Tracking Number: DLSN-125551157 State: Arkansas  
Filing Company: Delos Insurance Company (FKA Sirius America Insurance Company) State Tracking Number: EFT \$100  
Company Tracking Number: DE-CWL-AR-08-1RA  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
Product Name: CW GL  
Project Name/Number: /

## Supporting Document Schedules

**Satisfied -Name:** Form UT  
**Review Status:** Accepted for Informational Purposes 06/25/2008  
**Comments:** See Attached.  
**Attachment:** DE-CWL-AR-08-1RA transmittal doc..pdf

**Satisfied -Name:** Form RF-1  
**Review Status:** Accepted for Informational Purposes 06/25/2008  
**Comments:** See Attached.  
**Attachment:** DE-CWL-AR-08-1RA form RF-1.pdf

**Satisfied -Name:** Form RF-2  
**Review Status:** Accepted for Informational Purposes 06/25/2008  
**Comments:** See Attached.  
**Attachment:** DE-CWL-AR-08-1RA form RF2.pdf

**Satisfied -Name:** Form PC RRFS  
**Review Status:** Accepted for Informational Purposes 06/25/2008  
**Comments:** See Attached.  
**Attachment:** DE-CWL-AR-08-1RA form PC RRFS.pdf



SERFF Tracking Number: DLSN-125551157 State: Arkansas  
Filing Company: Delos Insurance Company (FKA Sirius America Insurance Company) State Tracking Number: EFT \$100  
Company Tracking Number: DE-CWL-AR-08-IRA  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
Product Name: CW GL  
Project Name/Number: /

**Satisfied -Name:** Actuarial Support **Review Status:** Accepted for Informational Purposes 06/25/2008

**Comments:**  
See Attached.

**Attachment:**  
GL Actuarial Memo.pdf

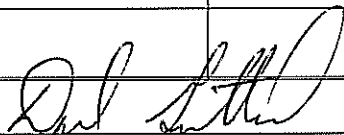
## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

<b>3. Group Name</b>	Lightyear Delos Group				<b>Group NAIC #</b>	4381
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>		
Delos Insurance Company	Delaware	35408	13-2930697	4612P		

<b>5. Company Tracking Number</b>	DE-CWL-AR -08-1RA
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
David Gartland 120 West 45 <sup>th</sup> St. 36 <sup>th</sup> FL New York, NY 10036	Vice President	212-702-3712	212-302-9279	Dgartland@delosinsurance.com
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>		David Gartland		

## Filing information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	17.0 Other Liability
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	17.0001 Commercial General Liability
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing title)</b>	
<b>13. Filing Type</b>	<input checked="" type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New:    Upon Approval    Renewal:
<b>15. Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	ISO
<b>17. Reference Organization # &amp; Title</b>	GL-2007-BGL1, GL-2002-BGL1
<b>18. Company's Date of Filing</b>	06/16/2008
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

**Property & Casualty Transmittal Document—**

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	DE-CWL-AR-08-1RA
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Delos Insurance Company has authorized ISO to file their commercial general liability rules and forms on our behalf. At this time we are filing to adopt the latest unmodified ISO approved loss costs which we will use in conjunction with our Loss Cost Multiplier (LCM) of 1.60 that we are also filing at this time. We are taking this approach because this is a new program to the company and we do not have sufficient data and loss experience to deviate or justify any other loss costs at this time.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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**Check #: EFT**  
**Amount: \$100.00**

\$100 for each rate filing

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>DE-CWL-AR-08-1RA</b>
<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
<input type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input checked="" type="checkbox"/> Rate Neutral (0%)		

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>		File & Use				
<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
<b>Company Name</b>	<b>Overall % Indicated Change (when applicable)</b>	<b>Overall % Rate Impact</b>	<b>Written premium change for this program</b>	<b># of policyholders affected for this program</b>	<b>Written premium for this program</b>	<b>Maximum % Change (where required)</b>	<b>Minimum % Change (where required)</b>
Delos Insurance Company	0.0%	0.0%	\$0.00	0	\$0.00	0.0%	0.0%
<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>						
<b>Company Name</b>	<b>Overall % Indicated Change (when applicable)</b>	<b>Overall % Rate Impact</b>	<b>Written premium change for this program</b>	<b># of policyholders affected for this program</b>	<b>Written premium for this program</b>	<b>Maximum % Change</b>	<b>Minimum % Change</b>

<b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b>			
		<b>COMPANY USE</b>	<b>STATE USE</b>
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>	n/a	
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>	n/a	
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>	n/a	
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>	n/a	

<b>6.</b>	<b>Overall percentage of last rate revision</b>	n/a
<b>7.</b>	<b>Effective Date of last rate revision</b>	n/a
<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	n/a

<b>9.</b>	<b>Rule # or Page # Submitted for Review</b>	<b>Replacement or withdrawn?</b>	<b>Previous state filing number, if required by state</b>
01	ISO Basic Limits GL Class Codes Designation # GL-2007-BGL1	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	ISO Owners Contractors Protective Liability Designation # GL-2002-BGL1	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

# NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #		DE-CWL-AR-08-1RA	
2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number		ISO GL-2007-BGL1, GL-2002-BGL1	
3.	<div>Company Name</div> <div>Delos Insurance Company</div>		<div>Company NAIC Number</div> <div>35408</div>	
4.	<div>Product Coding Matrix Line of Business (i.e., Type of Insurance)</div> <div>17.0 Other Liability</div>		<div>Product Coding Matrix Line of Insurance (i.e., Sub-Type of Insurance)</div> <div>17.0001 Commercial General Liability</div>	

5.		FOR LOSS COSTS ONLY					
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
COVERAGE (See Instructions)	Indicated % Rate Level Change	Requested % Rate Level Change	Expected Loss Ratio	Loss Cost Modification Factor	Selected Loss Cost Multiplier	Expense Constant (If Applicable)	Co. Current Loss Cost Multiplier
Other Liability	0.0	0.0	62.50%	1.00	1.60	n/a	n/a new program
TOTAL OVERALL EFFECT							

6.		5 Year History		Rate Change History			
Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2007	0	0.0	n/a	000	000	0.0	0.0
2006	0	0.0	n/a	000	000	0.0	0.0
2005	0	0.0	n/a	000	000	0.0	0.0
2004	Varies	n/a	n/a	22,401,941	17,354,022	77.5	0.7
2003	Varies	n/a	n/a	21,687,615	12,006,358	55.4	5.5

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	25.0
B. General Expense	6.5
C. Taxes, License & Fees	4.0
D. Underwriting Profit & Contingencies	5.0
E. Other (explain) <i>Investment Income</i>	-3.0
F. TOTAL	37.5%

8.      N Apply Lost Cost Factors to Future filings? (Y or N)
9. 0.0% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): n/a
10. 0.0% Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable): n/a

# NAIC LOSS COST FILING DOCUMENT—OTHER THAN WORKERS' COMPENSATION

## CALCULATION OF COMPANY LOSS COST MULTIPLIER

(EFFECTIVE AUG. 16, 2004)

This filing transmittal is part of Company Tracking #	DE-CWL-AR-08-1RA
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

( X ) Loss Cost Reference Filing \_\_ ISO GL-2007-BGL1, GL-2002-BGL1  
Rate Filing

( ) Independent

(Advisory Org. & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

### 1. Check one of the following:

<input type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer. <b>Note: Some states have statutes that prohibit this option for some lines of business.</b>
<input checked="" type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

### 2. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies 17.0 Other Liability, 17.0001 Commercial General Liability

### 3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing (Check One):

(x) Without Modification (factor = 1.000)

( ) With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) \_\_\_\_\_

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.000

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-8 BELOW.

### 4. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.

		Selected Provisions	
A.	Total Production Expense	25.0	%
B.	General Expense	6.5	%
C.	Taxes, Licenses & Fee	4.0	%
D.	Underwriting profit & Contingencies (explain how investment income is taken into account)	5.0	%
E.	Other (explain) <i>Investment Income</i>	-3.0	%
F.	Total	37.5	%

5.	A.	A. Expected Loss Ratio: $ELR = 100\% - 4F = A$	62.5	%
	B.	B. ELR in Decimal Form =	0.625	
6.		Company Formula Loss Cost Multiplier (3B/5B)	1.6	
7.		Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.6	
8.		Rate Level Change for the coverage(s) to which this page applies	0.0	

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

☐ Rate Increase      ☐ Rate Decrease      x      Rate Neutral (0%)

[illegible]

[illegible]



5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)	n/a	
5b	Overall percentage rate impact for this filing	n/a	
5c	Effect of Rate Filing – Written premium change for this program	n/a	
5d	Effect of Rate Filing – Number of policyholders affected	n/a	

6.	Overall percentage of last rate revision	n/a
7.	Effective Date of last rate revision	n/a
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	n/a

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	ISO Basic Limits GL Class Codes Designation # GL-2007-BGL1	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	ISO Owners Contractors Protective Liability Designation # GL-2002-BGL1	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
04		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
05		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
06		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
07		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
08		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
09		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
10		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

## Commercial General Liability Loss Cost/LCM Filing

Delos Insurance Company has authorized ISO to file their commercial general liability rules and forms on our behalf. At this time we are filing to adopt the latest unmodified ISO approved loss costs which we will use in conjunction with our Loss Cost Multiplier (LCM) of 1.60 that we are also filing at this time. We are taking this approach because this is a new program to the company and we do not have sufficient data and loss experience to deviate or justify any other loss costs at this time.